Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000014468 3)))



H090000144983ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number 7 104662003400 Phone 5 (516)935-3940 Pax Number 5 (516)935-3088 09 JAN 21 AM 8: 47

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## A&S Remodeling Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

JAN 2 2 2009

https://efile.sumbiz.org/scripts/efilcovr.exc

1/21/2009

H09000014468

## ARTICLES OF ORGANIZATION FOR

## FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: A&S Remodeling Group LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	,	
1376 Hercules Avenue	1376 Hercules Avenue	<del></del>	
Clearwater, FL 33764	Clearwater, FL 33764	<del></del> .	
ARTICLE III - Registered The name and Plorida street address	Agent, Registered Office & Registered Agent's Signature as of the registered agent are: Shawn Taral	DIVISION OF CO	FILE SECRETARY
	Name		्रमुख्य स्था
	1376 Hercules Avenue	<u>چ</u> ہے	<u> </u>
	(P.O. Box or Mail Drop Box NOT Acceptable)	<b>5</b>	,1"
	Clearwater, FL 33764	. ~	
	(City / State / Zip)		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature - Shawn Taraj

•	and the second of the second o	v v no menne (° vankation fi
•	cer(s) or Managing Member(s):  Heach Manager or Managing Member is as follows:	09000014468
Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:	
MGRM	Shawn Taraj - 1376 Hercules Avenue, Clearwater, FL 33764	<u> </u>
MGRM	Astrit Liangozi - 107 Timber Circle, Safety Harbor, FL 3469	<u> </u>
(Use attachment if necessar,	у)	
REQUIRED SIGNATUR	RE:	
Sip	gnature of a member or authorized representative of a member.	
docu	accordance with section 608.408(3), Florida Statutes, the execution of the intent constitutes an affirmation under the penalties of perjury that the fact berein are true.	
	Shawn Taraj	
	Typed or printed name of signee	